(Year)

..... M. D.

(Day)

2 Th. H. Y VVO	(Address) Clerce A. Hill
If more blanks are needed, address State Registrar, 241	I N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis . EEO 4 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	Businessian Nice No. 2.5-2
Village or City Ne Butter a relle	Registration Dist. No. 2.5.2
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME assals Bordley	
(a) Residence: No. Mt. Buttisville f (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Uidowed Widowed	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(001)
constitute gertrude scots	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year)	t last saw h alive on Ja , 1937 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 Pm.
56 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8, Trade, profession, or particular Lind of work done as SPINNER L	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Date deceased lest worked at this corruption (month and	Gastro-Eutentes
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month end spant in this	
year) occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Cantributory Causes of Importance:
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Md.	Name of operation
15. MAIDEN NAME Henrie Kane	23. If death wes due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME Thermie Kane 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country) Md.	Where did Injury occur?
17. INFORMANT Bertha Cole (Daughte (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 Surrierelle Date Jan. 6-, 1937	Nature of Injury
19. UNDERTAKER PARTY W. Edding (Address)	24. Was disease or injury in any way releted to occupation of deceased?.
20. FILED /- 5-, 1932 Pott. W. Eddins	(Signed) (Signed) M. D.
Registrar.	(Address)
as more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis LD 1932	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

HYSI. Exact PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 0 classified Registration Dist. No. 20 EXACT (If death occurred inWard) properly clas a hospital or institution, give its NAME is stead of street and number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, 99 back WIDOWED. OR DIVORCED It may should (Write the word) (Month) ...(Day) 6 DATE OF BIRTH That I attended the deceased from Ø that u Instruction (Month) (Year) 7 AGE IIf LESS than 0 and that death occurred on the date stated above, at 60 l day hrs. The CAUSE OF DEATH * was as follows: ed rms ormin.? suppli B OCCUPATION See (a) Trade, profession or NK particular kind of work plai arefully nt: (b) General nature of industry business, or establishment in 2 importa which employed or (employer) I 9 BIRTHPLACE Secondary (State or country) 4 E W very QQ 10 NAME OF 3 LL FATHER 00 (1) 192 (Address) 11 BIRTHPLACE முப் OF FATHER *State the Disease Causing Death, or, in SO (State or country) Violent Causes, atate (1) Means of Injury and (2) Whether D O Accidental, Suicidal or Homicidal. te CA 12 MAIDEN NAME 0: OF MOTHER 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transiente or Recent Residents) 110 13 BIRTHPLACE At place In the OF MOTHER OW of deathyrs......mos......ds. (State or Country) 00 of Where was disease contracted. of oui it not at place of dea h?... 14 THE ABOVE IS TRUE TO THE BEST sho Former or usual res.dence ... tatem 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Ever 20 UNDERTAKER ADDRESS 8 Registras If more blanks are needed, address that Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ESERV

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilousehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,"

"E.haustion," "Heart range,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as or intercurrent) affection need not be ess important. Example: Measles (disease "Congenital," "Senile," etc.), "Drcpsy," "Heart failure," "Ilaemorrhage, Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3. SEX

7. AGE

NO

PATI

occui

FATHER

MOTHER

12. BIRTHPLACE (city or town

15. MAIDEN NAME

(Address)

13. NAME

(State or country)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, DR REMOVAL

(State or country)

(Stata or country)

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or justitution, give its NAME instead of street and number) Length of rasidance in city or town where death occurred How long in U. S. if of foreign birth? vrs. mos. ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) married (Day) (Year) 5a. If marriad, widowed, or divorced CERTI P.A. That I attended de eased from death is sald 6. DATE OF BIRTH (month, day, and year) Months Days / If LESS than to have occurred on the date stated above, at 3 The PRINCIPAL CAUSE OF DEATH and related causes of importance 01..... min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of importance

Name of operation_____

Whera did injury occur?.

Manner of injury Nature of injury.

If so, specify

What test confirmed diagnosis?_____ Was there an autopsy?_

(Specify city or town, county and State)

23. If death was due to external causes (VIDLENCE) fill in also the following:

Spacify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of decaased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TELESCOPE TO THE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Lucew Unne	Registration Dist. No. 252
Village or City Nr. Centreville	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME author 6. Wow	nes
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nale Unite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.	21. DATE OF DEATH Jan. 8 - 1962 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(ar) WIFE of Mary Tresco	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Opk. 8-1869	I last law h alive on
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated ellove, at
62 9 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	100
9. Industry or business in which	R The Company
work was done, es SILK MILL, SAW MILL, BANK, etc	
O Date deceased last worked at this occupation (month and year)	
40 4	Other Coutributory Couses of Importance:
12. BIRTHPLACE (city or town)	determined the
13. NAME Samuel Mownes	house
TA DIDTUDI ADE COLOR	Name of averaging
(State or country)	Name of operation Date of
15. MAIDEN NAME aquatic Hollingswood	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
16. BIRTHPLACE (city or town) Queen anke Co	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mirs. huther E. Wownes (Address) Centreville MA. R. F. D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place entrevelle Date Jan 11- 1932	Nature of injury
19. UNDERTAKER Post. Ul Edding (Address) Centreriole md	24. Was disease or injury In any way related to occupation of deceased?
20. FILED James 0, 1932 - PSt. W. Edding	(Signed) M. D.
If more blanks are needed, address State Registrar.	(Address) 1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
-, State Registrar, 2	1411 11. Unantes Street, Daitimore, Requesting "U. S. No. 1.

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		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephr	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 5 1932	July 5,1927	Peritonitis	3 days ago
	B V TIACTER	ž.		
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	AND-CERTIFICATE OF DE	ATH (1749
1. PLACE OF DEATH County Aren't Aren't	(13)	1,5-5
Village or City may Quinol	No. Registration	on Dist. No.
	(If death occurred in a hospital or institution, give its NA	
Length of rasidenca in city or town where death occurred yrs	ds. How long in U.S. if of foreign birth?	ds
2. FULL NAME flemes When	Herrier	
(a) Residence: No./(Usual place of abod	St., Ward.	ent give city or town and State
PERSONAL AND STATISTICAL PARTICULA		
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, VOR DIVORCED (parties)) /5 193 ½ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE at Chicker The College		FY. That I ettandad deceased from
6. DATE OF BIRTH (month, day, and year)	1866 Hast saw hours alive on Jan	1932 math is call
7. AGE Years Months Days If	LESS than to have occurred on the date stated above, at 3	55 P.m.
	y,hrs. The PRINCIPAL CAUSE OF DEATH and related ca	auses of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, Framu lab	our Carlera de	liroses Date of onset
SAWYER, BOOKKEEPER, etc.	96.7	Sycard
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Chronic interstitual messoni	tis culco?
O 10. Date deceased last worked at this occupation (month and year) occupation.	is (**************************************
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	0
(State or country)		
13. NAME Ohn Hesley File To	ler	
14. BIRTHPLACE (city or town)_ lunkuow	Name of operation	Data of
(State of country)	What test confirmed diagnosis?	Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE)	
16. BIRTHPLACE (city or town) And wollow (State or country)	Accident, suicide, or homicide?	Date of Injury, f9
17. INFORMANT Bell Price (Address) Fueller tow out	Specify whether Injury occurred in INDUSTRY, In	or town, county and State) HOME, or In PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	/*************************************
Place I dond un Date faw / 8	, f 93 Nature of injury	
19. UNDERTAKER AND Source of the Company of the Com	24. Was disease or injury in any way related to occur	upation of deceased?
20. FILED ON 17, 19 8 2 FM	(Signed) All State (Address) (Address)	M. D.
If more blanks are needed, address Si	tate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S.A.	Vo. 1.

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Chronic interstitial nephritis FFB 2 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:	-40	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA 1. PLACE OF Registration Dist. No. Village or City (if death occurred in a hospital or justitution, give its NAME instead of street and number) PHYSICIANS Length of rasidence In city or town where death occurred Haw long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement 2. FULL NAME RECORD. (a) Residence: No. Ward. (Usual place of abode) if nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wife the word) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIF X. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, -----hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importanca ___ min. were as follows: 8. Trade, profession, or particular kind of work dona, as SPINNE SAWYER, BOOKKEEPER, etc. may findustry or business in which pluods work was done, as SILK MIL SAW MILL, BANK, etc ... 10, Data deceased last worked at 11. Total tima (years) this occupation (month and spent in this that occupation ADING Other Contributory Causes of importance (State or country) in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city (Stata or cou carefully What test confirmed diagnosis MOTHER 15. MAIDEN NAME DEATH 16. BIRTHPLACE (city or town) (State or country) should be Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. 17. INFORMANT CAUSE OF (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of Injury LION Nature of injury 24. Was diseasa or Injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Date of onset

BINDIN

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
3			

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. FOR BINDING

IS A PERM ENT RECORD WITH UNFADING INK-THIS IS A PERN MARGIN RESERVED WRITE PLAINL V. S. No. 1

PLACE OF PEATH	STATE OF MARYLAND
County /	© CERTIFICATE OF DEATH
	Registration Dist. No. 253
Village or City COULD WOO.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED WILL Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH AU 19 1937	I HEREBY CERTIFY, That I attended the deceased from 192, 192,
7 AGE (Month) (Day) (Year) 7 LESS than ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Durstion)
9 BIRTHPLACE (State or country) 10 NAME OF FATHER OLD. Ellowork forme 11 BIRTHPLACE OF FATHER (State or country) 2 Maiden NAMES	Contributory Secondary Durston yrs. mos. ds. (Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Joulah Guelea Ollus 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	At place of death
(Informant) AMA. Ells worth Structs	Former or usual residence
(Address) Slevensville Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLIVERATION 20 UNDERTAKER ADDRESS
Jacaf Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Househeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, To Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery,

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E::haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "E::haustion," approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU

V. S. No.

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	1.	0	-	2	
U	U	6	U	~	

1. PLACE OF DEATH			(108)
County Julew acuse			Registration Dist. No. 252
Village or City Starr Length of residence in city or town where	(If		No. St., W f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos.
2. FULL NAME Faure	FF 34	ande.	
(a) Residence: No.	(Usual place		St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Calarea		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Jon 77 (Day) . 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Naudy		22. I HEREBY CERTIFY. That I attended deceased of Jan 13 1932 to 70 17 193
6. DATE OF BIRTH (month, day, end year)	aw 4 -	1877	I last saw h alive on 15 1932; deeth is
7. AGE Years Months	Days / 3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	Farm L	afarer	Golor Pramorea 1/13.3
work wes done, as SILK MILL, SAW MILL, BANK, etc	spet	me (years) ht in this	
0	ew and	0	Other Coutributory Causes of Importence:
13. NAME HELLE	Hand	Ley,	
14. BIRTHPLACE (city or town)	2.a. Co	(Name of operation Date of
(State of Country)	0 0 1	Ma	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	2. a Co	mae ma	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Centre	vella,	ma	
18. BURIAL, CREMATION, OR REMOVAL Place & suttinuele	Date	020,1932	Manner of injury
19. UNDERTAKER Sartows (Address) Cent	Town	-, ma	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Jan 20, 1932 777	anni S.	Brenht Registrar.	(Signed) (Address) Centrockle) and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
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Artertoscierosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
I DUDDAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY,

V. S. No. 1 N. B. A.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Queen Unie	Registration Dist. No. 252
Village or City Stave	No. St Word
\anathaf asidana la situation de la	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredrrsmos	ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME arm Elizabeth of	49
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Can 28"
married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Thomas 1. plag	22. JAHEREBY CERTIFY, That I attended dacassed from
EDATE OF DIDTH (worth to will de to the toled	, 192, 10
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	I last saw h alive on 29
1 5 I day hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 01	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, House Wile/	Lobor Tueruma
SAWYER, BOOKKEEPER, etc.	7000 Junima 1/253
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at	
this occupation (month and spant in this occupation occupation	
12 RIRTHPI ACE (city or town) Quelle arme Por	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) CState or country)	
13, NAME Las. W Davis	
14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of
	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME State Chart	23. If death was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Thomas It. dugg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Countravelle 12771	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Deliver My Date Study, 1932	Nature of injury
19. UNDERTAKER Nort. W. Evidius	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Centreville me	If so, specify
1-20 32/ Most 1/ Rading	(Signed) W: Han Juleer M.D.
20. FILED. 1930 1004 Registrar.	(Address) Caritaevile med
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

RESERVED

MARGIN,

No.

03

>

PLACE OF DEATH	STATE OF MARYLAND
County Lucen anne Co	CERTIFICATE OF DEATH
County The County	Registration Dist. No. 253
Village or City Stevensullono.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME 20th Harris Le	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
make white Single, Married, Wildowed, OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That hattended the deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Jau. 16. 1934. to Jau. 18, 1932. that I last saw h alive on , 192 ,
7 AGE If LESS than I day hrs.	and that death occured on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Particular kind of work Retired Farmer	Neurosancomon n. lyl.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Metastasis mi Letain
9 BIRTHPLACE (State or country) Queen anne Co.	Secondary Ouration Ouration Just Market M
10 NAME OF FATHER WM Havis Legg	(Signed) M. D. Stevens ville
of FATHER (State or country) Queen anne Co.	*State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Robecca May	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) maryland f	At place of death yrs mos ds. State yrs ds. Where was disease contracted,
(Informant) Mus Fannie Lega	if not at place of death? Former or usual residence
(Address) Stwensville Find.	Stevensville Ind Janze, 1982
Filed Jan 18 1932 T. C. Thomas Local Registrar	Hough a Left stewnsville Inc
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of eupation is very important, so that the relative health worked on may form part of the second statement. Never return". Laborer, ""Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it nature of the sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH'S gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, whatever, write Nonc. business, that fact may be indicated thus; Farmer work, or At Home, Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g.. Farmer or Planter, eta., Foreman, engineer. Stationary fireman, etc. But in many For many occupations a single word or term on Farm laborer, yrs). For persons who have no occupationwithout more precise specification as Day husiness or industry, and therefore an (b) Automobile factory. and children, not gainfully em-Laborer--Coul mine, etc. Wom-Locomolive engincer, The material (re7,)

spin.d meningitis"); Diphtheria (avoid use of "Croup) ed term for the same disease. Examples: Cerebros pinal Statement of Cause of Death-Name, first, the DISto time and EASE CAUSING DEATH (the primary affection with respect-(the only definite synonym is "Epidemic cerebropncumonia, Bronchopneumonia fever (never report "Typhoid Pneumonia"); causation), using always the same accent-("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "Inanition." "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, causing (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury (dance) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., schsis American Medical Association.)
> If this certificate is looked over thoroughly and all questions approved by Committee on (Rccpmmendations on statement of cause of death "Atrophy," "Collapse," "Coma," Nover report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. valvular heart discuse; Nomenclature of the The contributory " "Convulsions,

answered in detail, it will prevent further correspondence. ently filed. obtained before the certificate is Althe

info sta UP.	1. PLACE OF DEATH	
CERC	County Queen ame	
item of should of OCC	Village or City Queus town	No.
	Length of residence in city or town where death occurredyrsmos.	
Zvel IAN mer	2. FULL NAME Logur McJarl	an
RECORD, Every . PHYSICIANS Exact statement	(a) Residence: No. duenstown (Usual place of abode)	St.,_
PH PH	PERSONAL AND STATISTICAL PARTICULARS	
	3. SEX M 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DA
PERMANENT EXACTLY ily classified.	5a. If married, widowed, or divorced HUSBAND of (or) WHEE-04	22
RM X Z	mary Covinglass	V
PEI E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I lest sa
IS A I stated properlinear	83 11 7 1 day,hrs.	to have
	8 Trade profession or particular	were as
HIS be be	kind of work done, as SPINNER, Now	0
T_T ould may	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
i ii i	10. Date deceased last worked at this occupation (month and year)	
Se cti	12. BIRTHPLACE (city or town) Scatland	Other C
UNFAI supplied. n terms, ee instru	(State or country)	
UNFA upplied terms,	13. NAME for McTarland 14. BIRTHPLACE (City or town) Beatland	
In st	14. BIRTHPLACE (Mty or town)	Nemo of
		What tes
INLY, WITH be carefully EATH in plainimportant.	I (malue)	23. If deal
LX, can	16. BIRTHPLACE (city or town) (State or country)	Accident /Where d
	17. INFORMANT Ming Blanch Mc Farlan	Specify
PL hould OF D	(Address)	
	18. BURIAL, CREMATION, OR REMOVAL	Manner
-WRITE mation sh CAUSE C	Place Date 19.32	Nature o
ma CA TIC	19. UNDERTAKER 100 14 Calous	24. Was d
B.	(Address) fully of the control of th	if so, sp
U(T)	20 FILED Jaw. 4 1032 - Nelen 11. led side	e (Sig

STATE OF MARYLAND—CERTIFICATE OF DEATH 66255

u Unne	-		Registration Dist. No	254
unstown		No.		Ct Word
	(If	death occurred in a hospital or instituti		
wn where death occurredyrs	mos.	ds. How long in U.S. if of	f foreign birth?yrs	ds.
open //le	Farl	and		
Lucensto	un	St., Ward.		
(Usual place of abode)			If nonresident give city or	
ATISTICAL PARTICULA			ERTIFICATE OF DE	ATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH	fan-2 — (Month) (Day)	, 195 (Year)
victories	na	22. Jan 1-	CERTIFY Ibat i	attended deceased from
ar) Jan. 30 -1	848	I lest saw halive on	Jan 1 -	19-3 2 death is said
	ESS than	to have occurred on the date stated	d above, at	
	hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	A and related causes of importe	
INER, MAMA		1 -		Date of enset
730700		Rober 72	eller on a	
LL,				
11. Total time (yeer spant in this occupation)	" V	Other Contributory Causes of Impor	tanco:	
Restlan	4	Manual of an analysis	**********	
A 1				Date of
vry Ostrow	em	What test confirmed diagnosis?		
tmarylan	rd.	23. If death was due to external caus Accident, suicide, or homicide?		
Blanch Mc	Farlan	Where did injury occur?	(Specify city or town, county INDUSTRY, in HOME, or in PU	and State) BLIC PLACE,
med 1-15-	5.0	Manner of injury	***************	
Date	, 19_02	Nature of injury		
the vice		24. Was disease or injury in any way	y related to occupation of dece	sed?.
Telen Mala	dridg Registrar.	(Signed)	andende	M.D.
If more blanks are needed, address Sta	te Registrar, 2	411 N. Charles Street, Baltimore, Read	uesting V. S. No. 1	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Distriction causes of importance:	1 year
		E S S S S S S S S S S S S S S S S S S S	

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S.	
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SIAIL O	F MARYLAND—	CERTIFICATE OF DEATH	4256
County Queen as	111111	Registration Dist. No. 2	53
Will all The Land	well		Ward
Village or City Sell 2	orle (II	ND. St., death occurred in a hospital or institution, give its NAME instead of street a	
Length of residence in city or town where de	eath occurredyrsmos	ds. How long In U.S. if of foreign birth?yrs	_mosds.
2. FULL NAME TEM	Elf U. Jala	ull	
(a) Residence: No.	1	St., Ward.	
DEDCOMAL AND CTATISTIC	(Usual place of abode)	ff nonresident give city or town MEDICAL CERTIFICATE OF DEATH	Market State of the Control of the C
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH /	1
Mall Ville	OR DIVORCED (write the word)	(Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oakkel	Valuer	22. OWI HEREBY CERTIFY That I etten	ded deceased from
5. DATE OF BIRTH (month, day, and year)	W31-1860	I last saw h alive on 3 m 40 ,193	2; death is said
7. AGE Years Months	Deys If LESS than 1 day,	to have occurred on the date stated above, atm.	
7/ //	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:	Date of onset
8. Trade, protession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.	Paralle	Taken daysali-	1011
SAWYER, BDDKKEEPER, etc	wovwy	1. Harana a MM arma M	1910
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc		free free free free free free free free	
fD. Date deceased last worked at this occupation (month end	f1. Total time (years) spent in this	Sprice	
year)	occupation	Dther Contributary Causes of Importance:	
12. BIRTHPLACE (city or town)	4	Chronic witerstitual	1024
(State or country)	2011	and Times	-77
13. NAME (Liant) f4. BIRTHPLACE (city or town)	asuer	morume	
f 4. BIRTHPLACE (city or town)	f f	Name of operation Dete	of
(State of country)	grang	Whet test confirmed diagnosis? Was there	
15. MAIDEN NAME	merre!	23. If death was due to external causes (VIDLENCE) fill In also the follo	
16. BIRTHPLACE (city or town)	Find har D	Accident, suicide, or homicide? Date of Injury	, f9
(State or country)	my again	Where did Injury occur? (Specify city or town, county and	State)
17. INFORMANT WEST MILES	Wil souther	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC	PLACE.
(Address) 18. BURIAL, CREMATION, DR REMOVAL	1799	Menner of injury	
Place A S. LAB-14-11-1178-	Pate 4 au / 3 , 1932		
As Mulo 6	DETERMENT	24. Was disease or injury In eny way related to occupation of deceased	
19. UNDERTAKER (Address)	The way	If so, specify	P
12 200	1015/101100	(Signed)	W.
20. FILED (11) 2 , 1952	La Registrar.	- (Address) Slvewnle	
If more	- Cara	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were as	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	FEB 4 (4)	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V.S	July 5,1927	Perilonilis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

108
Registration Dist. No. 23-/
NoSt., Ward h occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth?
/
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
. DATE OF DEATH
Delle gay /) , 193/
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from
XOUBTY/183210 X00094/8 1932
last saw h 2c awe on 10169 18 1937; death is said
have occurred on the date stated above, at 2 - P - m,
ha PRINCIPAL CAUSE OF DEATH and related causes of Importance
ere assollows: Date of onset
of Mayelle
n 0.
ther Contributory Causes of Importances
Necley OUN / CONOTIA
7
11110
ame of operation
hat test confirmed diagnosis?
If death wes due to external causes (VIOLENCE) fill In also the following:
ccident, suicide, or homicide?
here did injury occur?
(Specify city or town, county and State) pecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7
lanner of Injury
1 9110
ature of injury. Wy W
. Was disease or injury in any way related to occupation of deceased?
so, specify
(Signed) MIDM. D. M. D.
(Address) Delaliteth Till
The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FIT . AT V 8	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE OF	DEATH

		de	No.	
1.	10	1	Ğ),
U	V	0	11	

1. PLACE OF DEATH	(23)
County Rules Ch	Registration Dist. No. 25
Village or City & Letter Tine & Queste	Y NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds.
m. 11 -, 1/1 0.	
2. FULL NAME A SHATE THE CENTER	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH an 9 1932
5a. If merriad, widowad, or divorced	(Month) (Dey) (Yaar)
HUSBAND OF Mary a. Vice	HEREBY BERTIFY. That I attended decased from 1932.
6. DATE OF BIRTH (month, dey, and year Mg 6 - 1874	I last saw h alive on Jau 9, 19.3 2 death Is said
7. AGE Yaars Months Days It/ESS than	to have occurred on the date state above, at 9 p.m.
5 9 3 1 3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated couses of importance ware as follows:
8. Trade, profassion, or perticular kind of work done, as SPINNER blured Merchant	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date decaased last worked at this recupation (month and specific property).	1 Werculoses Of
work was done, as SILK MILL, SAW MILL, BANK, atc.	
	luigo (Chronio)
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Showas A Price	
13. NAME Promas A Price 14. BIRTHPLACE (city or town) A College or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME September 1. Xems	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME SEMBLE COURS 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
17. INFORMANT Stormany	Whare did injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass) 18, BURIAL, CREMATION, DR REMOVAL	
Place Al ARAMA Data AW // 1934	Nature of injury
To Financia	24. Wes disaase of injury in any way ralated to occupation of deceased?
19. UNDERTAKER AND ANTI A CONTROL OF THE ANTI-	if so, specify 1 A 1 Q 14
060" 22 20 1	(Signad) Wood Savirluau M. D.
20. FILED LL 7 , 1900 J. J. J. Registrar.	(Addrass) Sleven ville

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FF5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EUPEAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	in.
Gallstones		May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLANI CERTIFICATE OF DEATH Registration Dist. No. 20 Ward) (If death occurred in a hospital or institu-tion, give its NAME instend of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH be may be WIDOWED. OR DIVORCE (Month)-(Day) (Write the word) BIND 6 DATE OF BIRTH structions (Month) (Day) 0 and that death occured on the date stated above, at ... IIf LESS than 7 AGE I day hrs. ED ds. or min.? 8 OCCUPATION RESERV (a) I rade, profession or particular kind of work piai (b) General nature of industry business, or establishment in (Duration) ... which employed or (employer) TCa Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) Duration) 10 NAME OF 0 - 192 (Address) 11 BIRTHPLACE *St.te the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER 0 2 (State or country) œ 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) occu 13 BIRTHPLACE In the At place OF MOTHER State yrs mos ds. of death.....yrs.....mos..... (State or country O Where was disease contracted, if not at place of death?... shoui of THE BEST OF MY KNOWLEDGE Former or usual residence. CIANS 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS 20 UNDERTAKE Registras If more b.anka are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Growry; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager," "Tealgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more previous cold mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, eupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of ocwhatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation who are engaged in the duties of the Locomolive engineer,

Statement of Cause of Death—Name, first, the DILEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningicis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Brouchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Heamorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Chronic interstitial nephritis, Whooping American Medical Association.) (name origin; "Caneer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, cough; Chronic Carcinoma, Example: Measles (disease ete. The contributory valvular heart disease Sarcoma,, etc., o

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Queen anne	Registration Dist. No. 252
Village or City Nr Centreville	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsds.
2. FULL NAME Chas. It. Sparke.	
(a) Residence: No. Carmishael (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 77. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBAND of (a) WHEEL	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) april 5 " 1867	last saw have alive on for 13 , 1937; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date state above, at
8 Trade profession or particular	Date of onset
19. Industry or business in which work wes done, as Silk Mill., Country Store	
10. Oate deceased last worked et this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Queue auc Co. (State or country)	Two business transcer
13. NAME George Sparkus	
13. NAME GEOVGE Sparkers 14. BIRTHPLACE (city or town) Queen and Co. (State or country)	Name of operation
15. MAIDEN NAME Julia Hollings um	What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) 20. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Char 14 Sparkers (Address) a Civil with with mid.	Where did injury occur?
18. BURIAL, COENTION, OPPREMOVAL Place Date /-/6-, 1932	Manner of Injury
19. UNDERTAKER ROOM. The Edding (Address) Peutre ville md.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 1-15-, 1932 Robt, M. Eulerica	(Signed) M. D. (Address) M. D.

1.1. 5 1.11

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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JE	xample I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	EED K 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	7 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	-,tj,tj	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66761
1. PLACE OF DEATH	23
County action and	Registration Dist. No. 25-/
Village or City areas Centres Il	NoSt.,Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	ds. Haw long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah & Sp	lau
(a) Residence: No. Mean Clubble (Usual place of abode)	Sk. Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Deng-Re	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov- 22 1864/	last saw hold alive on 19 1,19 32 death is said
7. AGE Years Months Days If LESS than (to have occurred on the date stated above, atm.
6967 1 21 or min.	The PRINCIPAL CAUSE OF DEATH and related courses of importance were as follows:
8. Trade profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Million of Vinetalistes
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1930
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Deleware	Other Contributery Causes of Importance:
(State or country)	July Mulling 575
13. NAME John (). Splan	the prince of th
4 14. BIRTHPLACE (city or town) (State or country) Welleware	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
Ξ , , , , , , , , , , , , , , , , , , ,	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or towny)	Where did injury occur?
17. INFORMANT TWO- Over Mulliker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1/0210
Place New Cambles Date Jan 16, 1932	Nature of injury
19. UNDERTAKER A A STATE OF THE	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan. 141932 Th. H. Good.	If so, specify (Signed) 1114 A Pulley M. D.
Registrar. If more blanks are needed, address State Resistrar:	(Address Later Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related-causes-of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis ROCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . FEB 4.1932	July 5,1927	Peritonitis	3 days ago
BUREAU V. P.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. BEvery Itôm of Information should be carefully supplied. ACE should be stated I CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certifications.	3 ! F
erms so	7
De carefully sul EATH in plain to important. See	9
tate CAUSE OF E	PARENTS
should sent of OCC	14
CIANS	15
	-

PLACE OF DEATH County Frican Clinia	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25
Village or City I day de (No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Surgle WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 72 28 , 1932
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER, Frad, M. Jurus	(Durstion) yrs. mos. ds. Contributory Secondary (Durstion) yrs. mos. ds. (Signed)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Mabel Bassell	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos. ds State yrs mos ds Where was disease contracted, if not at place of death?
(Informant) Fred. M. Durner (Address) Hay den Mil 15 Filed Jan. 29193 & Th. H. Gregister	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL On Faund Haydens Lan 29, 1932 20 UNDERTAKER Hather Naydens
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons en-Physician, Compositor, Architect, Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery.
man, (b) Automobile factory. The materia For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Tranition," "Heart failure," "Isemorrage, "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of 1	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAMS should	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	ate.
IS A I	stated	proper	rertifica
HIS	be	pe	of
NK-T1	plnods	it may	n hack
ING I	AGE	that	ions
		Se	t
UNFAD	upplied.	terms, se	e instruct
WITH UNFAD	efully supplied.	in plain terms, so	not. See instruct
LAINLY, WITH UNFAD	ald be carefully supplied.	DEATH in plain terms, se	ry important. See instruct
PLAINLY, WITH UNFAD	should be carefully supplied.	OF DEATH in plain terms, se	s very important. See instructions on back of certificate.

mation s CAUSE TION is

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 252 County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town whera daath occurred _____yrs_____mos.____ds. (a) Residence: No. (Usual place of abode If nonrecident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERT FICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) . (Yeer) 5a. If married, widowed, or divorced HUSBAND of 22. That I attanded decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Days to heve occurred on the date stated ebove, at ... I dayhrs. The PRINCIPAL CAUSE OF DEATH and raisted causas of importance ormin. were as follows: Date of onset Trade, prefassion, or particular NO kind of work done, as \$PINNER, SAWYER, BOOKKEEPER, atc.___ UPATI 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date decaased last worked at 11. Total time (yeers) this occupation (month end spent In this occupation .. Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) ... (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What tast confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (State or country) 16,0000 Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Natura of injury 24. Wes disaase 19. UNDERTAKER. way ralated to occupation of decaasad? (Addrass) If so, spacify (Signed) Registrar. (Addrass)

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RUERAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

GIN RESERVED FOR BINDING

MAR	IND
	WITH
	PLAINLY,
V. S. No. 1	B.—WRITE
>. S	ż

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	
1. PLACE OF	25	1		3	
County	Luci	- an	ul	Registration Dist. No. 252	
Village or Ci	ty nr. 12e	run	ill	No. St. 1	Ward
Length of resid	lence In city or town where	death occurred	nyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAM	ME Sti	u 19	orn	Wilmer	
(a) Residence	e: No			St., Ward.	
PERSON	AL AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	-
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
V	e	OR DIVORCE	(write the word)	(Month) (Oay) (Yea	(r)
5a. If married, widowe HUSBANO of (or) WIFE of	d, or divorced	/		22. I HEREBY CERTIFY, That I attended deceased	from
				, 19, to, 19, 19	
6. DATE OF BIRTH (F		Days	If LESS than	I last saw h alive on, 19; death is to have occurred on the date stated above, at m	s said
0 -		-	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Je Birthplace (city (State or count)	done, as SILK MILL, ,, BANK, etc. d last worked at ation (month and		me (years) It in this pation	Other Contributory Causes of importance: Contributory Causes of importance: Cont	J180(
14. BIRTHPLACE (State or o		LI C	9.	Name of operation	
15. MAIDEN NAM 16. BIRTHPLACE (State or (Address)	(city or town). La	Wili Wili	Wilms Cs. ms. wer	What test confirmed diagnosis?	
18. BURIAL, CREMATI	ON, OR REMOVAL	1-1	4 - 1	Manner of injury	
Place /Ju	risville	Date	,193/	Nature of injury	
19. UNDERTAKER (Address)	Robt 71	· Ed	lins	24. Was disease or injury in any way related to occupation of deceased?	*****
20. FILED 1-7	— , 19 32 M	obt, M.	Registrar.	(Signet) O Galler According to the Color of	Mai Da
	If more	blanks are needed, a	ddress State Registrar.	2411 N. Charles Street, Baltimore, Requesting 9) S. No. 2	Maria and an an

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BUECAUV			
Other contributory causes of importance:		Other contributory causes of importance:	
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